



Iowa Board of Nursing

400 S.W. 8th Street Suite B
Des Moines, IA 50309-4685
Tel: (515) 281-3255 Fax: (515) 281-4825
Web: nursing.iowa.gov

Iowa Nurse Assistance Program Initial Intake Form

Date:

Demographics

License Number	
Referral Source	
First name	
Middle name	
Last name	
Date of Birth	
Social Security Number	
Home Address #1	
Home Address #2	
Home Phone	
Cell Phone	
States licensed in (Home state & all others)	
Previous Education & training	
EMPLOYMENT HISTORY	
Years in profession (specialty, Position, etc.)	
Present employer (dates & relationship)	
Previous employment history (dates & relationship)	
Information about employment discipline or termination	
Licensure History	

HEALTH HISTORY	
Any treatment (dates & diagnosis)	
Any hospitalizations (dates & diagnosis)	
Current medications (prescribed & nonprescription)	
Alcohol and drug history (choice, attempts at treatment, last time of use, misused medications)	
Psychiatric History (past & present treatments, current medications)	
Physical Conditions or limitations (past & present treatments, current medications)	

FAMILY/SOCIAL HISTORY

Family/social history including use of alcohol/drugs	
Social Relationships	
Support systems	

LEGAL HISTORY

Past or present arrests	
Convictions	
Action on licenses	
Current status of professional License	
Contac info for lawyer/officer if involved	

Emergency Information

Emergency contact's name	
Relationship	
Address	
Phone number(s)	